

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012640

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

59

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Hayti

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Pemiscot County Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pemiscot

c. CITY  
OR  
TOWN Steele, M

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS Hiway 61 South

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Edith

Middle

Alberta

Last

MATHIS

4. DATE  
OF  
DEATH

Month

Day

Year

March 8, 1963.

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-10-1908

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months Days Hours Min.

5 28

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Caruthersville, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Charles J. Clay

13b. MOTHER'S MAIDEN NAME

Georgia Ann Carter

14. NAME OF HUSBAND OR WIFE

A. W. Mathis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

Mo \* \* \* \* \*

16. SOCIAL SECURITY NO.

\* \*

17. INFORMANT

Address

James Mathis, Memphis, Tennessee.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-8-63 to 3-8-63 and last saw her alive on 3-8-63  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. W. Mathis M.D.

22b. ADDRESS

Caruthersville, Missouri

22c. DATE SIGNED

3-11-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE:

9-11-63

23c. NAME OF CEMETERY OR CREMATORY

Maple Cemetery

23d. LOCATION (City, town, or county)

Caruthersville, Missouri

(State)

24. FUNERAL DIRECTOR

John W. German Funeral Home, Hayti.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-14-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *James L. Brown*

Licensed Embalmer No. 5206

P. O. Address Hayti, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.